

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000021473

1. Entity Name
ANTARAMIAN/PETTIT SQUARE PARTNERS, LLC



Principal Place of Business
3530 KRAFT RD STE 300
NAPLES, FL 34105

Mailing Address
3530 KRAFT RD STE 300
NAPLES, FL 34105



02122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3760372

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTARAMIAN, JACK J
3530 KRAFT RD STE 300
NAPLES, FL 34105

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ANTARAMIAN, JACK J
STREET ADDRESS 3530 KRAFT RD STE 300
CITY-ST-ZIP NAPLES, FL 34105

TITLE MGR
NAME PEZESHKAN, F FRED
STREET ADDRESS 3520 KRAFT RD
CITY-ST-ZIP NAPLES, FL 34105

TITLE V
NAME MACIVOR, THOMAS A
STREET ADDRESS 3530 KRAFT RD STE 300
CITY-ST-ZIP NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000930475
05/21/08-90110-016 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas A. Macivor

3/31/08

(239) 434-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #